

EXHIBIT B

Kroger Incident Report (4-27-21 Enzor Assault)



Incident Report

Claim Number

402104B3A860001

Report to be completed by Store Management within 24 hours of incident notice

DATE 4/27/21 DIVISION Atlanta STORE # 645

Section A: Store ID

Address 5720 Dreechee Rd City SAN MATEO State CA Zip 31405Manager on Duty at Time of Incident Tia Richard Store Phone 912-235-3420Store Email Address Tia.Richard@stores.kroger.com

Manager Email Address _____

MOD Schedule for Next 5 Days S _____ M _____ T _____ W _____
TH _____ F _____ SA _____

Section B: Customer ID (Please provide contact for parent/guardian if minor is involved)

Name N/A Age _____ Gender: M/F

Name of Parent/Guardian _____

Date of Birth _____ Marital Status _____ Loyalty ID # _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Employer _____ Title _____

Work Address _____ City _____ State _____ Zip _____

Physical Description (Ht. Wt., Hair Color, describe footwear if slip or fall etc...) _____

Section C: Incident Information

Date of Incident 4/27/21 Time of Incident 6:30 AM/PM Date Notified of Incident 4/27/21 Time Notified 6:35 AM/PM



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Name of Employee Initially Notified Melissa (DeJesus)

EUID of Employee Initially Notified Tia Roberts

Describe where the incident occurred (Department, aisle #, area of parking lot, sidewalk, etc...)
Inside women Restroom

Provide Brief Description in ten words or less for Call Center entry Female customer was assulted by male customer.

Provide Detailed Description of the incident

(as witnessed by you) OR (as conveyed by the customer) (circle one)

Please describe area of incident, including the presence of any cones, warnings, size and color of hazards, etc... (as witnessed by you in your investigation, not as conveyed by the customer)

Women Restroom

Name and contact information of any third party with potential liability for the incident (vendor, landlord etc...) Not

Injury/Damage Claimed (Be specific – for example, "back of lower left leg" or "right front driver's door")

Sexual Assalt.

Did Police or Emergency Services Respond? Yes If Yes, Who? Citrus County Police



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Report Number or Contact Name and Phone# _____

Did, or will, the customer seek medical treatment? Y/N

Doctor or Medical Facility Name, if known UNKNOWN

Address _____ Phone _____

Section D: Witness ID

1 Name _____ Employee: Y/N Phone _____

Address _____ City _____ State _____ Zip _____

2 Name _____ Employee: Y/N Phone _____

Address _____ City _____ State _____ Zip _____

3 Name _____ Employee: Y/N Phone _____

Address _____ City _____ State _____ Zip _____

Names and EUID of any employees nearby, if not listed above:

Section E: Additional Comments (Please use this area to comment on anything not covered in the Incident Report. This could include Personal observations or concerns.)

Print Name and EUID of Employee Completing This Report

Name Tim V Kidwell EUID TK93846

Signature LAW Date TR/27/21

Remember to check for video and to forward photos



Customer Statement

Claim Number

402104334861001

This form should be completed by a parent or guardian if incident involves a minor. Please complete this form with as much detail as possible.

Date 11/11 Store Address _____

City _____ State _____

Contact Information

Name _____ Age _____ Gender: M/F

Parent/Guardian (if minor) _____

Date of Birth _____ Marital Status _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Preferred Method(s) of contact: Home/cell/work/email (circle one)

Facts

Date of Incident _____ Time of Incident _____ AM/PM

Describe exactly where the incident occurred (Department, aisle #, area of parking lot, sidewalk, etc...)

Describe what happened _____



Customer Statement

Claim Number

40210483A860001

Describe any Injuries or Pain from this incident (Please be specific) Unknown at this time

Describe any Personal Property that was damaged (Please be specific) N/A

Please identify the person(s) to whom you reported the incident _____

Witness ID

1 Name Malissa Jackson (Employee) Phone 912-235-3420

Was this person shopping with you? Y/N

What is this person's relationship to you? N/A

2 Name _____ Phone _____

Was this person shopping with you? Y/N

What is this person's relationship to you? _____

3 Name _____ Phone _____

Was this person shopping with you? Y/N

What is this person's relationship to you? _____

Your Signature _____ Date _____



Evidence Report

Claim Number

402104B3A860001

Please use this form to document video, photos and/or the scene diagram. Please make a copy of this report, wrap it around the video and photos and forward it with the video and photos inside. Also, please secure other evidence, such as the product or bas-cart that may have allegedly caused injury.

DATE 4/27/21 DIVISION W1007 STORE # 645Date of Incident 4/27/21 Time of Incident 6:30 AM PM

Section A: Video (Please list each camera location separately, if applicable)

*** Note – if incident is not captured on video, please capture video of the cameras nearest to the area where the incident occurred. In addition to the incident scene, video of the customer entering and exiting the store is helpful.

Name of Person Who Retrieved Video Todd Sheehan (LPM)

Title and EUID, if applicable _____

Comments (such as whether video system was not working, incident is not captured etc...) _____

Todd Sheehan LPM will be burning CD's.
contact him by email todd.sheehan@Kroger.com.

Customer Name N/A Gender: M F

Please describe the customer's clothing, hair color, etc...to assist with identification on video _____

Please describe witnesses on video _____



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1. Camera Location/View _____

Camera/Unit Number _____

Recording Time from _____ AM/PM to _____ AM/PM

2. Camera Location/View _____

Camera/Unit Number _____

Recording Time from _____ AM/PM to _____ AM/PM

3. Camera Location/View _____

Camera/Unit Number _____

Recording Time from _____ AM/PM to _____ AM/PM

Section B: Photos (If photos are taken, please take photos before the area is cleaned)

Name of Photographer Tim Edwards

Title and EUID TE 49846

Photo 1 Date and Time Photo was Taken 5/2/21 AM/PM

Brief Description of Scene Restroom Hall And Women Restroom.

Photo 2 Date and Time Photo was Taken _____ AM/PM

Brief Description of Scene _____

Photo 3 Date and Time Photo was Taken _____ AM/PM

Brief Description of Scene _____



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If utilizing a disposable camera, photos should be developed, and one copy kept at the store before forwarding to Sedgwick. Use this form to enclose the photos when mailing. Digital photos should be emailed once Sedgwick contacts you. Save a copy of these digital photos as well.

Section C: Diagram Please diagram the scene including locations of displays, signage, warning cones etc... Use X to show location of the accident; Use arrows to show the customer's direction of travel, if applicable

A large, empty rectangular box with a thin black border, intended for the respondent to draw a diagram of the accident scene.

Name and EUID of Employee Completing This Report

Tina Edwards

Signature

A handwritten signature in black ink that appears to read "Tina Edwards".

Date

4-27-21